

Health and Human Services Committee

Meeting Transcript – 06/12/2019

>> HARPER-MADISON: GOOD AFTERNOON, EVERYBODY, I AM NATASHA HARPER-MADISON, I AM THE COUNCIL PERSON FOR DISTRICT 1.

WE ARE MEETING IN COUNCIL CHAMBERS AT CITY HALL, 301 WEST SECOND STREET, AUSTIN, TEXAS, ON WEDNESDAY, JUNE 6TH, 2019.

IT IS NOW 2:15 AND I'M CALLING THE MEETING TO ORDER.

ON OUR AGENDA FOR TODAY WE HAVE ONE CHANGE I'M GOING TO READ INTO THE RECORD.

AT STAFF'S REQUEST WE ARE WITHDRAWING ITEM NUMBER 5.

OUR FIRST ITEM IS THE APPROVAL OF THE MINUTES OF THE HEALTH AND HUMAN SERVICES COMMITTEE SPECIAL CALLED MEETING ON MONDAY, APRIL 29TH, 2019.

THE MINUTES OF THE REGULAR MEETING OF WEDNESDAY, APRIL 10TH, 2019 AND THE CORRECTED MINUTES OF THE REGULAR MEETING OF WEDNESDAY, JUNE 13TH OF 2018.

IS THERE A MOTION TO PASS THE MINUTES?

MAYOR PRO TEM HAS MADE THE MOTION TO PASS THE MINUTES.

AND IT WAS SECONDED BY COUNCILMEMBER KITCHEN.

ALL THOSE IN FAVOR PLEASE SAY AYE?

ITEM 1 PASSES UNANIMOUSLY.

ITEM NUMBER 2, CITIZEN COMMUNICATION, WE'LL NOW TAKE UP CITIZEN COMMUNICATION.

THE SIGN-UP SHEET WILL BE AVAILABLE DIGITALLY AT THE DAIS.

I HAVE THE SIGN-UP SHEET HERE AND WE HAVE A SPEAKER.

LET'S EACH -- EACH SPEAKER WILL BE ALLOWED TWO MINUTES TO VOICE THEIR CONCERNS REGARDING ITEMS NOT POSTED ON THE AGENDA.

IF ANYONE IN ATTENDANCE TODAY NEEDS THEIR PARKING VALIDATED, PLEASE SEE THE CLERK AT THE FRONT OF THE ROOM.

AND THE FIRST SPEAKER ON MY LIST TODAY IS JACQUELINE ANGEL.

THANK YOU.

YOU HAVE TWO MINUTES TO SPEAK.

>> THANK YOU.

GOOD AFTERNOON, THANK YOU, COUNCILMEMBER HARPER-MADISON AND COMMITTEE MEMBERS.

OUR GOAL TODAY IS TO UPDATE YOU ON THE COLLABORATION THAT WE'VE HAD WITH AUSTIN PUBLIC HEALTH REGARDING THE REPORT THAT WE CONDUCTED THE RESEARCH FOR FOR RESOLUTION ITEM NUMBER 41.

I'M GOING TO HAVE ALEX ABBOTT, WE'VE BEEN WORKING ON THIS PROJECT FOR THE PAST COUPLE OF YEARS WITH STUDENTS AT THE LBJ SCHOOL, AND SHE'S GOING TO BE PROVIDING AN UPDATE FOR YOU ON THE RESEARCH WE'VE BEEN CONDUCTING SINCE YOU RECEIVED THE REPORT.

>> GOOD AFTERNOON.

MY NAME IS ALEX ABBOTT.

I'M A MASTER OF PUBLIC AFFAIRS CANDIDATE AT THE UNIVERSITY OF TEXAS LBJ SCHOOL OF PUBLIC AFFAIRS AND A MASTER OF PUBLIC HEALTH CANDIDATE AT THE UT SCHOOL OF PUBLIC HEALTH.

WOULD LIKE TO REMIND YOU YOU ALL HAVE A PAPER CALLED AGING IN PLACE AS WELL AS A "NEW YORK TIMES" ARTICLE WITH REFERENCE TO THIS PROJECT.

IN 2018, THE CITY COUNCIL PASSED RESOLUTION ITEM 41 TO ADDRESS THE UNMET NEEDS OF AUSTIN'S GROWING SENIOR POPULATION AND THEIR DESIRE TO AGE IN PLACE.

AS YOU MAY KNOW THIS RESOLUTION PROVIDED THE OPPORTUNITY FOR AUSTIN PUBLIC HEALTH AND THE LBJ SCHOOL OF PUBLIC AFFAIRS TO COLLABORATE IN THE DEVELOPMENT OF AN ADULT DAY CENTER TO BE LOCATED ON CITY-OWNED PROPERTY IN CLOSE PROXIMITY TO AFFORDABLE SENIOR HOUSING.

AUSTIN PUBLIC HEALTH AND THE LBJ RESEARCH TEAM CONDUCTED 79 COMMUNITY ENGAGEMENT SESSIONS IN THREE LANGUAGES WITH AUSTIN'S LOW INCOME SENIORS AND THEIR CAREGIVERS TO GATHER QUALITATIVE EVIDENCE WITH THE BACKGROUND RESEARCH ON ADULT DAY CENTERS THE WE FOUND OUR SISTERS NEED HEALTH AND MANAGEMENT TO IMPROVE WELLNESS.

ACCESS TO CASE MANAGEMENT SERVICES AND RECREATIONAL ACTIVITIES THAT PROVIDE SOCIAL ENGAGEMENT AND MITIGATE ISOLATION.

OUR SENIORS AND CAREGIVERS HAVE EXPRESSED ENTHUSIASM FOR THE SUPPORT.

THE MAJORITY OF AMERICANS BELIEVE THAT GOVERNMENT SHOULD INVEST IN PROGRAMS THAT BRING OLDER ADULTS TOGETHER WITH YOUNG PEOPLE, WHICH IS WHY OUR PROPOSED ADULT DAY CENTER MODEL INCLUDES A DAY CARE SPACE FOR CHILDREN TO FACILITATE INTERGENERATIONAL INTERACTION AND PROVIDE A ONE STOP SHOP FOR FAMILY FOCUSED HEALTH CARE.

THE LBJ STUDENT RESEARCH TEAM IS CURRENTLY --

[BUZZER SOUNDS]

>> HARPER-MADISON: JUST FOR CLARIFICATION, SO I HAVE YOU GUYS SEPARATELY SIGNED UP TO SPEAK, SO THAT WAS THE EXPIRATION OF YOUR TIME.

I'M NOT EXACTLY CERTAIN HOW AND WHERE TO PICK UP FOR OUR SPEAKER NUMBER TWO, WHICH WOULD HAVE BEEN ALEXANDRIA ABBOTT SIGNED UP FOR THE SECOND SLOT.

DO WE JUST START HER --

>> KITCHEN: JUST GIVE HER MORE TIME.

>> [INAUDIBLE].

>> KITCHEN: JUST GIVE HER MORE TIME.

>> HARPER-MADISON: THANK YOU.

>> THANK YOU VERY MUCH.

SO FOR NEXT STEPS, THE LBJ STUDENT REACH TEAM IS CURRENTLY CONDUCTING A COMPARATIVE ANALYSIS OF AGE FRIENDLY CITIES TO DETERMINE OPTIMAL POLICY PROCEDURES FOR IMPROVING THE HEALTH AND WELLNESS OF LOW INCOME AUSTIN SENIORS AS THEY AGE IN PLACE.

THE PILOT STUDY PROPOSED IN THE REPORT BUILDING INTERGENERATIONAL METROPOLIS, PENDING THE SUCCESSFUL COMPLETION OF THE PROPOSED FEASIBILITY STUDY, WILL DETERMINE THE APPROPRIATE CITY-OWNED FACILITY IN WHICH TO HOUSE THE CITY AS WELL AS THE SUITABILITY, SCALABILITY AND SUSTAINABILITY OF OUR WHOLE HEALTH FOCUSED INTERGENERATIONAL DAY CENTER.

FEEDBACK FROM PILOT PARTICIPANTS AT THE RBJ HEALTH CENTER IN THE 78702 ZIP CODE WILL INFORM THE SUCCESS OF THE PILOT AS WELL AS ANY ADJUSTMENTS THAT CAN BE MADE TO OUR MODEL.

WE HAVE RECEIVED SEVERAL LETTERS OF COMMITMENT AND SUPPORT FOR THE INTERGENERATIONAL CENTER FROM PRIVATE AND PUBLIC HEALTH PROVIDERS WHO SERVE THE CITY OF AUSTIN AND ITS SENIORS.

THIS PROJECT HAS THE POTENTIAL TO FOSTER COLLABORATION BETWEEN THE CITY, PRIVATE AND PUBLIC PARTNERS IN THE HEALTH CARE SPACE AND THE UNIVERSITY OF TEXAS TO ACHIEVE OUR COLLECTIVE GOAL OF MAKING AUSTIN ONE OF THE MOST AGE FRIENDLY CITIES IN THE NATION.

THANK YOU.

>> HARPER-MADISON: THANK YOU VERY MUCH.

NEXT UP IS CHARLES BELL.

>> GOOD AFTERNOON, COMMITTEE MEMBERS.

MY NAME IS CHARLES BELL.

AND I THINK YOU WILL BE HAPPY TO KNOW I HAVE NO ISSUES OF CONCERN TO BRING BEFORE YOU.

THIS IS JUST A SIMPLE INTRODUCTION.

I WAS APPOINTED BY THE CITY COUNCIL TO SERVE ON THE CENTRAL HEALTH BOARD OF MANAGERS IN JUNE OF 2017 AND I AM STILL SERVING.

I AM A PHYSICIAN BY TRAINING AND AFTER OVER 27 YEARS OF STATE SERVICE IN PUBLIC HEALTH POLICY I RETIRED AND DECIDED TO GIVE BACK TO MY COMMUNITY BY VOLUNTEERING TO SERVE ON THE BOARD OF CENTRAL HEALTH.

I THANK YOU FOR ALLOWING ME TO SERVE.

HEALTH CARE DURING THESE TIMES CAN BE BOTH INTERESTING AND CONFUSING AS WE ATTEMPT TO DO MORE WITH LESS.

WE STRIVE TO MAKE ANY ACTIVITIES AT CENTRAL HEALTH THAT WE UNDERTAKE A MEANINGFUL SERVICE TO ADDRESS THE NEEDS OF THE COMMUNITY WE SERVE.

IF ANY OF THE COMMITTEE MEMBERS OR THE COUNCILMEMBERS HAVE QUESTIONS OR WOULD LIKE TO DISCUSS ANY PARTICULAR ISSUES INVOLVING CENTRAL HEALTH, PLEASE FEEL FREE TO CONTACT ME AT ANY TIME.

THANK YOU FOR YOUR TIME.

>> HARPER-MADISON: THANK YOU VERY MUCH.

MAYOR PRO TEM?

>> GARZA: I DON'T HAVE A QUESTION.

I WANT TO THANK YOU.

YOU HAVE COME BEFORE TOO.

IT'S GREAT TO SEE YOUR FACES BECAUSE OFTEN WE APPOINT PEOPLE AND WE DON'T KNOW WHAT'S GOING -- AND WE NEVER MEET THEM.

SO I REALLY APPRECIATE YOU COMING DOWN AND US BEING ABLE TO MEET YOU.

>> THANK YOU VERY MUCH.

APPRECIATE IT.

>> HARPER-MADISON: COUNCILMEMBER KITCHEN.

>> KITCHEN: YES.

I AGREE.

AND I ALSO THINK THAT IT WOULD BE HELPFUL FOR US IF WE HAVE MEETINGS PERIODICALLY WITH REPRESENTATIVES OF THE BOARD OR PERHAPS WITH OUR APPOINTEES BECAUSE IT WOULD GIVE US A MUCH BETTER UNDERSTANDING OF WHAT CHALLENGES YOU ALL ARE DEALING WITH FROM A BOARD PERSPECTIVE AND HELP US SHARE CONCERNS THAT WE HAVE FROM A COUNCIL PERSPECTIVE.

SO I THINK SOME -- MAYBE SOME REGULAR MEETINGS WOULD BE HELPFUL, WHICH YOU GUYS COULD INITIATE OR WE COULD.

I GUESS WE COULD THINK ABOUT THAT.

>> HARPER-MADISON: I AGREE.

I WOULD LOVE TO TALK THROUGH WHAT THAT MECHANISM LOOKS LIKE.

THANK YOU FOR YOUR SERVICE.

WE REALLY APPRECIATE YOU COMING OUT THIS AFTERNOON.

>> THANK YOU.

>> HARPER-MADISON: NEXT UP WE HAVE MARONE.

YOU CAN PRONOUNCE IT FOR ME AND THEN I'LL NEVER PRONOUNCE IT AGAIN.

>> MY NAME IS MAROLE.

I'M ALSO ONE OF YOUR APPOINTEES TO CENTRAL HEALTH BOARD OF MANAGERS AND I AM HAPPY TO REPORT I'VE BEEN ON MY APPOINTMENT FOR THE PAST TWO YEARS.

YOU APPOINTED ME ON MAY 18TH, 2017.

I AM HUMBLLED AND HONORED TO CITY OF AUSTIN TO SERVE.

AS MANY OF YOU, I'M A PUBLIC HEALTH PROFESSIONAL AND I ADVOCATE FOR HEALTH AND I ALSO ADVOCATE FOR ADDRESSING THE NEEDS OF OUR POPULATION AND THEIR NEEDS ARE BEYOND OUR CLINICAL WALLS AND I HOPE THAT WE CAN BRIDGE HEALTH AND REALLY COLLABORATIVELY WORK IN ADDRESSING THE HEALTH NEEDS OF OUR UNDERSERVED, LOW INCOME COMMUNITIES HERE IN TRAVIS COUNTY.

AND ALSO I'M HAPPY TO REPORT TO YOU SOME OF THE PROGRESS.

I CAME HERE LAST YEAR, SO I JUST WANTED TO UPDATE YOU WITH SOME OF THE PROGRESS THAT WE'VE OUT -- WE ON THE BOARD HAVE ACCOMPLISHED.

WE'VE EXPANDED HEALTH SERVICES ON THE CRESCENT, INVESTED IN A MOBILE CLINIC BECAUSE WE WANT TO MEET PEOPLE WHO THEY ARE AND WE HAVE ALSO IN PLANS WITH BRACKENRIDGE REDEVELOPMENT, ZONE.

AND I CHAIR THE -- NOW WHAT IS CALLED THE REAL ESTATE COMMITTEE AT CENTRAL HEALTH, WHERE WE'RE LOOKING AT THE WHOLE LANDSCAPE OF OUR REAL ESTATE PROPERTIES. AND WE RECENTLY HAVE APPROVED AN ITEM FUNDING ECHO AND I COMMEND WORKING COLLABORATIVELY WITH THE CITY AND COUNTY AND US ON THIS REALLY IMPORTANT ISSUE IN ADDRESSING THE HOMELESSNESS ISSUES IN OUR COMMUNITY.

AND I BELIEVE HOUSING IS HEALTH, FOOD IS HEALTH, TRANSPORTATION HEALTH, ALL OF THAT.

AND I WELCOME ANY OPPORTUNITY FOR US TO WORK ON ADDRESSING THE NEEDS THAT ARE BEYOND THE CLINICAL WALLS.

AND THAT IS SOMETHING THAT I ADVOCATE FOR US AND NOT PURELY TO FUND HEALTH CARE.

AND AGAIN, THANK YOU FOR THE OPPORTUNITY AND I WELCOME ANY QUESTIONS AND PLEASE REACH OUT TO ANY AT ANY TIME.

AND I HOPE THAT WE CAN HAVE MORE REGULAR MEETINGS IN THE FUTURE.

AND THANK YOU.

>> HARPER-MADISON: THANK YOU ALSO FOR YOUR SERVICE AND FOR TESTIFYING THIS AFTERNOON.

>> THANK YOU.

>> HARPER-MADISON: NEXT UP WE HAVE PAUL SCOTT.

>> MY NAME IS PAUL SCOTT, CEO OF AIDES SERVICES OF AUSTIN.

AND I'LL BE HERE ACTUALLY AS A LIAISON FOR ONE VOICE CENTRAL TEXAS.

I SERVE ON THE EXECUTIVE COMMITTEE THERE.

SO I JUST WANTED TO BE HERE TO SAY WE ARE A RESOURCE FOR HEALTH AND HUMAN SERVICES COMMITTEE.

MANY OF OUR ISSUES Y'ALL ADDRESS IN TERMS OF YOUR AGENDAS.

AND WE HAVE PARTNERED WITH BOTH THIS COMMITTEE AS WELL AS WITH THE CITY HEALTH DEPARTMENT IN TERMS OF ISSUES THAT ARE FACING OUR COMMUNITY.

SO WE OFFER OURSELVES AS A RESOURCE.

WE KNOW THAT SOME DIFFICULT DECISIONS MAY BE COMING IN THE FUTURE IN TERMS OF THE PROPERTY TAX CAP AND HOW THAT WILL IMPACT THE CITY BUDGET.

SO ON BEHALF OF ONE VOICE WE OFFER OURSELVES TO BE ABLE TO BE PART OF THAT CONVERSATION SO THAT WE CAN INFORM THE PROCESS AND INFORM HOW THIS WOULD IMPACT THE COMMUNITIES THAT WE SERVE AS A MEMBERSHIP ORGANIZATION OF 100.

WE SERVE A VAST NUMBER OF PEOPLE THAT ARE IMPACTED IN TERMS OF HEALTH DISPARITIES AS WELL AS HUMAN SERVICES DISPARITIES IN OUR COMMUNITY.

I'M ALSO HERE AS A SUPPORTER OF FAST FACT CITIES, WHICH YOU WILL HEAR ABOUT IN A FEW MINUTES.

I SERVE ON THE CORE COMMITTEE OF THAT AS WELL.

I THANK THE CITY FOR THEIR SUPPORT OF THIS CRITICAL INITIATIVE TO HELP IN HIV IN OUR COMMUNITY.

SO THANK YOU ALL.

>> THANK YOU VERY MUCH.

LASTLY WE HAVE MR. GUS PENA.

GOOD AFTERNOON, MR. PENA.

YOU WILL HAVE THREE MINUTES.

>> THANK YOU.

GOOD AFTERNOON, TOO, CHAIR.

GOOD TO SEE YOU AGAIN.

MEMBERS AND CHAIR, MY NAME IS GUSTAVO GUS PENA, FIFTH STREET, MARINE CORPS.

I WAS IN CAMBODIA AND OTHER PLACES.

I'M HERE TO SPEAK SPECIFICALLY TO THE ISSUE AND I'M ALSO CO-SPONSOR OF -- CO-CHAIR OF VETERANS FOR PROGRESS.

WE WERE BORN IN 2016 BECAUSE OF THE ATROCITIES AGAINST US, LACK OF PROPER HEALTH CARE FOR US VETERANS.

I'M HERE BECAUSE I'M STILL, STILL DISGUSTED AS TO WHAT I HEAR ABOUT THE ESTIMATED HOMELESS -- NOW, THE VETERANS -- THE NEWSPAPER DOESN'T LIE.

IT'S SAYING THAT VETERANS LIVING ON THE STREETS DECREASED FROM 68 PEOPLE TO 37 PEOPLE.

I MEAN, THAT'S A SLAP IN THE FACE.

I KEEP ON TELLING Y'ALL, I KEEP ON TELLING YOU AT THE CAPITOL, THEY TOOK ME ON MY WORD.

THEY SAID THERE AIN'T NO WAY ONLY 67 VETERANS THAT ARE HOMELESS.

LET ME TELL YOU SOMETHING, WE COUNTED 2599.

AND THERE ARE DIFFERENT ENCLAVES.

AND THEY DON'T WANT TO BE COUNTED BY ANYBODY EXCEPT A VETERAN.

THEY SAID THEY DON'T HAVE ANYTHING GOOD FOR US, WHY SHOULD WE BE COUNTED?

I SAID YOU NEED TO BE COUNTED IN ORDER TO SHOW VERSION OF WHAT NUMBERS ARE THERE.

THEY WON'T DO IT.

BUT THEY'RE AROUND THE CLINICS, AND YOU AIN'T GOING TO SEE THEM UNLESS YOU'RE A VETERAN. I'M KNOWN HOMELESSNESS MYSELF.

SO WHAT I AM HERE TODAY IS I'M REALLY DISGUSTED TO HEAR ALSO -- HEAR ESTIMATES PUT AUSTIN'S HOMELESS SEPARATION BETWEEN 2500 AND 10,500.

THAT'S A MORE APPROPRIATE, ACCURATE COUNT.

I MEAN, I JUST -- IT REALLY MAKES ME ANGRY BECAUSE US VETERANS PUT OUR LIVES ON THE LINE FOR OUR COUNTRIES AND OTHER COUNTRY'S FREEDOM, SAFETY AND DEMOCRACY.

TO HEAR THAT WE ONLY HAVE AN ESTIMATED OF 37 PEOPLE THAT ARE HOMELESS?

GIVE ME A BREAK.

I DON'T WANT A HEART ATTACK, I DON'T WANT CANCER, BUT I TELL YOU WHAT, I GET ANGRY AT HOME.

MY WIFE, THANK GOD, SHE LOVES ME, BUT I STEP OUTSIDE BECAUSE I GET ANGRY TO STILL AREA THE UNDERCOUNT.

IT IS NOT A CORRECT COUNT.

AND I MEAN FOR DISRESPECT TO ANYBODY, SO I'M GOING TO SAY IT, I HAVE THE RIGHT TO SAY IT AS LONG AS I SAY IT RESPECTFULLY.

ECHO HAS NOT DONE A GOOD JOB OF COUNTING THE HOMELESS VETERANS.

YOU WANT TO GO TO WHERE THE HOMELESS VETERANS GO?

GO WITH ME.

THEY'RE NOT GOING TO HURT YOU.

BUT I WANT YOU TO SEE WHERE THEY ARE, THE CAVES RIGHT NEAR THE RIVER BEDS AND DITCHES, NORTH, SOUTH, EAST AND WEST.

EVEN SOME OVER THERE IN WESTLAKE.

I AIN'T GOING TO TELL BECAUSE THE WESTLAKE POLICE DEPARTMENT IS OUT THERE.

I WANT MY VETERANS TO BE TAKEN CARE OF.

AND MAKE SURE THE COMMUNITY, THIS IS SUPPOSED TO BE THE BEST CITY IN THE UNITED STATES OF AMERICA AND THE WORLD, BUT THEY'RE DOING BAD UMBRAGE TO OUR HOMELESS VETERANS.

AND SINGLE MOMS WITH CHILDREN THAT ARE HOMELESS.

I CRY.

I SUPPORTED YOU BECAUSE YOU TOLD ME THAT YOU WOULD LOOK INTO IT AND YOU HAVE.

[BUZZER SOUNDS]

I JUST WANT TO WRAP UP AND SAY PLEASE, THERE'S MORE HOMELESS VETERANS THAN JUST 46.

THANK YOU VERY MUCH.

>> HARPER-MADISON: THANK YOU, MR. PENA.

ITEM NUMBER 3 WE'LL HAVE A BRIEFING ON THE CITY'S PARTICIPATION AND THE FAST TRACK CITY'S INITIATIVE AND AN UPDATE ON THE STATE OF FUNDING FOR HIV PREVENTION IN AUSTIN.

THANK YOU.

>> GOOD AFTERNOON.

MY NAME IS SCOTT WHILES.

I WORK WITH AUSTIN PUBLIC HEALTH AND ON BEHALF OF DIRECTOR STEPHANIE HAYDEN I'M PROUD TO BE ABLE TO PRESENT A PREVIOUSING ON THE FAST TRACK CITY INITIATIVE AND THE STATE OF FUNDING FOR HIV IN AUSTIN.

ON JUNE 20TH, 2018, MAYOR ADLER AND COUNTY JUDGE ECKHARDT SIGNED THE PARIS DECLARATION COMMITTING THE CITY AND COUNTY TO ACHIEVING THE 90-90 TARGETS AND JOIN THE FAST TRACK CITY INITIATIVES.

THE 90-90 TARGETS TO END HIV CALL FOR JURISDICTIONS TO DIAGNOSE 90 PERCENT OF THEIR POPULATION LIVING WITH HIV, PROVIDING ANNUAL TREATMENT FOR 90% OF THOSE DIAGNOSED WITH HIV AND TO ACHIEVE VIRAL SUPPRESSION FOR 90% OF THOSE WHO ARE TREATED.

-- ENDING STIGMAS IS ALSO ONE OF THE PRIORITIES FOR THE AUSTIN FAST TRACK CITIES INITIATIVES.

IT AFFECTS THE WELL-BEING AND MENTAL HEALTH OF PEOPLE LIVING WITH HIV.

WE ALSO KNOW THE STIGMA-RELATED FEAR ABOUT HIV AND SEXUAL HEALTH CONTRIBUTE TO LOWER RATES OF TESTING, PREVENTION AND TREATMENT IN POPULATIONS THAT HAVE NEGATIVE DISPARITIES IN HEALTH OUTCOMES.

HOLISTICALLY SERVING OUR COMMUNITY IS VITAL TO ENDING THE HIV EPIDEMIC FOR ALL POPULATIONS IN AUSTIN AND TRAVIS COUNTY. THE FAST TRACK CITY INITIATIVE IS AN UNFUNDED INITIATIVE THAT HELPS LOCAL COMMUNITIES SHARE IDEAS AND PRACTICES AND TO LEVERAGE EXISTING RESOURCES AS WELL AS TRACK NEW RESOURCES AND FUNDING.

THE STRUCTURE OF AUSTIN'S FAST TRACK CITY INITIATIVE IS THE AUSTIN PUBLIC HEALTH SERVES AS THE CONVENER.

WE WORK WITH AN EXECUTIVE COMMITTEE THAT IS COMPRISED OF AGENCIES, CEOS AND DECISION MAKERS THAT WORK AROUND SEXUAL HEALTH.

THERE'S A CORE COORDINATING COMMITTEE THAT IS -- SERVES BETWEEN THE EXECUTIVE COMMITTEE AND THE WORK GROUPS.

WE HAVE A CONSORTIUM THAT IS MADE UP OF FIVE PRIORITY GROUPS.

THE FIRST PRIORITY IS PREVENTION, THE SECOND PRIORITY GROUP IS TESTING AND RAPID LINKAGE.

THE THIRD PRIORITY GROUP IS RETENTION, REENGAGEMENT AND VIRAL SUPPRESSION.

AND THE FOURTH PRIORITY GROUP IS ENDING STIGMA.

WE'RE EXCITED THAT OUR CONSORTIUM PARTNERS INCLUDE AUSTIN PUBLIC HEALTH, CENTRAL HEALTH, COMMUNITY CARE, THE KIND CLINIC, TRAVIS COUNTY, INTEGRAL CARE, AID SERVICES OF AUSTIN, THE DELL MEDICAL SCHOOL, GILLEAD, CENTER FOR HEALTH EMPOWERMENT AND AUSTIN PUBLIC HEALTH.

THESE CORE PARTNERS SERVE AT EVERY LEVEL OF THE CONSORTIUM, HOWEVER THE CONSORTIUM OR THE LARGER GROUP, IS MADE UP OF MORE PARTNERS.

ANYONE IN AUSTIN, TRAVIS COUNTY WHO IS INTERESTED IN ENDING THE HIV EPIDEMIC IS WELCOME TO SERVE IN THE CONSORTIUM.

OUR KEY ACCOMPLISHMENTS SINCE WE'RE ESTABLISHED IS THAT WE HAVE ESTABLISHED OUR CORE COORDINATING COMMITTEE.

THIS COMMITTEE SERVES AS THE DRIVER FOR THE INITIATIVE.

OUR FIRST COMMUNITY FORUM WAS HELD LAST YEAR DURING THE SIGNING OF THE PARIS DECLARATION.

WE'VE HAD FIVE PRIORITY GROUP MEETINGS.

OUR FIRST ANNUAL SUPPORT WAS SUBMITTED TO THE CONVENER OF THE FAST TRACK CITY INITIATIVE, WHICH IS THE INTERNATIONAL ASSOCIATION OF AIDS CARE PROVIDERS.

WE'VE STOOD UP AND HAVE WORKING OUR SEAMLESS SYSTEM OF CARE WORK GROUP.

THIS GROUP IS FOCUSED ON ENSURING THAT AUSTIN AS A COMMUNITY IS ABLE TO CONNECT PEOPLE NEWLY DIAGNOSED WITH HIV TO CARE WITHIN 72 HOURS OR LESS.

THERE ALSO IS A PRIORITY FOR THE SEAMLESS SYSTEM OF CARE GROUP IS ALSO TO PROVIDE ACCESS TO HIV PREVENTION TO THOSE WHO NEED IT AS WELL AS CONNECT BOTH POSITIVE AND NEGATIVE PEOPLE WHO ARE HIV-POSITIVE AND HIV NEGATIVE PEOPLE TO SOCIAL SUPPORT AS NEEDED.

IN ADDITION TO THIS GROUP WE HAVE OUR SOCIAL MEDIA WORK GROUP THAT'S UP AND RUNNING.

IF YOU LOOK ON FACEBOOK YOU CAN SEE UPDATES FROM OUR FAST TRACK CITY INITIATIVE AS WELL AS ON TWITTER AND INSTAGRAM.

KEY ACCOMPLISHMENTS OF OUR PLAN IMPLEMENTATION FOR THE CITY OF AUSTIN INCLUDE RENAMING THE AUSTIN STI CLINIC TO NOW THE AUSTIN PUBLIC HEALTH SEXUAL HEALTH CLINIC.

A CHANGE IN NAME REDUCES THE STIGMA RELATED TO SEXUAL HEALTH.

WE'VE ALSO AGAIN HAVE OUR COMMITTEE THAT'S WORKING TO DEVELOP A COMMUNITY-WIDE PROGRAM OR STANDARD FOR OUR COMMUNITY THAT WILL CONNECT NEWLY DIAGNOSED TO CARE WITHIN 72 HOURS.

WE'RE EXCITED THAT THOSE PARTICIPATING IN FAST TRACK CITIES HAVE BEEN ABLE TO WORK WITH OUR LOCAL HOSPITALS TO IMPLEMENT -- OPT OUT HIV TESTING IN OUR EMERGENCY ROOMS AND TO DATE WE ALSO HAVE -- COUNTY COMMITTEE HAS ORGANIZE THE CONTINUING MEDICAL EDUCATION SERIES FOR AUSTIN AREA PROVIDERS ON TREATMENT OF HIV.

I'M NOW GOING TO DISCUSS WITH YOU WHAT AUSTIN PUBLIC HEALTH IS DOING FOR DIRECT AND CONTRACT SERVICES RELATED TO HIV PREVENTION.

OUR COMMUNICABLE DISEASE UNIT HAS BEEN ABLE TO -- OUR COMMUNICABLE DISEASE UNIT HAS \$733,000 AVAILABLE -- I'M SORRY, WE HAVE APPLIED FOR A GRANT FOR \$733,000 FOR HIV PREVENTION.

THIS GRANT IS FROM THE DEPARTMENT OF STATE HEALTH OR DSHS.

IF FUNDED IT WOULD PROVIDE PHYSICIANS FOR FIVE OUTREACH FIELD WORKERS AND ONE SUPERVISOR AND WOULD PROVIDE LINKAGE TO CARE FOR THREE MEDICAL CASE MANAGERS.

THE GRANT WAS SUBMITTED IN JANUARY --

>> [INAUDIBLE - NO MIC].

>> WE WOULD BE NOTIFIED IF THE GRANT WAS APPROVED BY JANUARY.

IN TERMS OF CONTRACT SERVICES, WE'RE PLEASED TO SHARE WITH YOU THAT WE'RE CURRENTLY PROVIDING TOTAL AWARDS OF \$240,000.

WITH THESE CONTRACT AWARDS, WE'RE ABLE TO PROMOTE SEXUAL HEALTH AMONG AFRICAN-AMERICAN WOMEN WHO HAVE A HUGE DISPARITY IN OUTCOMES.

WE'RE ABLE TO INCREASE PUBLIC AWARENESS, WE'RE ABLE -- OF HIV PREVENTION.

WE'RE ABLE TO INCREASE THE NUMBER OF CLIENTS WHO HAVE ACCESS TO MEDICATIONS AT NO OUT OF POCKET EXPENSE AND WE'RE ABLE TO INCREASE SERVICES TO THE LBGTQ COMMUNITY.

ON JUNE 20TH, 2019, WE'LL CELEBRATE THE ONE-YEAR ANNIVERSARY OF THE SIGNING THE FAST TRACK CITY INITIATIVE.

WE'RE EXCITED THAT THE MAYOR AND COUNCIL WILL PRESENT A PROCLAMATION DESIGNATING THAT DAY AS AUSTIN FAST-TRACK CITY DAY.

AND LIKEWISE ON JUNE 25TH WE'RE EXCITED THAT THE COMMISSIONERS' COURTS HAVE A PROCLAMATION DESIGNATING THE ONE-YEAR ANNIVERSARY.

DO YOU HAVE ANY QUESTIONS?

>> HARPER-MADISON: ANY QUESTIONS?

I ACTUALLY DO HAVE A QUESTION.

JUST A LITTLE BIT OF CLARITY IF YOU WOULDN'T MIND ABOUT OPT-OUT SERVICES.

I THINK IF YOU COULD OFFER SOME CLARIFICATION, THAT WOULD BE HELPFUL.

>> YES, MA'AM.

OPT-OUT SERVICES, WHAT THAT MEANS IS IF SOMEBODY --

>> HARPER-MADISON: AND IF I MAY, I GUESS WHAT I'M TRYING TO FIGURE OUT IS I'VE DONE SOME READING AND I'M JUST TRYING TO FIGURE OUT WHAT THE BENEFIT IS AND WHY IT ENCOURAGES PEOPLE TO FIND OUT THEIR STATUS.

>> SO OPT-OUT TESTING MEANS THAT IF SOMEONE WENT TO THE EMERGENCY ROOM AND WERE TESTED, THE PROGRAM WOULD BE TO AUTOMATICALLY TEST THAT PERSON FOR HIV UNLESS THEY ASKED NOT TO BE TESTED.

THE ADVANTAGE OF THAT IS IF SOMEBODY TESTS POSITIVE FOR HIV, WE CAN OFFER THEM TREATMENT.

A PERSON WHO IS OFFERED TREATMENT CAN REACH A STATUS OF UNDETECTABLE OR THAT MEANS THAT THEIR VIRAL LOAD WITH TREATMENT CAN COME DOWN TO A LEVEL WHERE THE VIRUS ISN'T ACTIVE IN THEIR SYSTEM.

A PERSON WHO IS UNDETECTABLE, FOR EXAMPLE, A 20-YEAR-OLD WHO TESTS POSITIVE FOR HIV AND BECOMES UNDETECTABLE HAS -- UNDETECTABLE HAS A LIFE EXPECTANCY OF 74 YEARS.

HAVING SOMEBODY TEST POSITIVE AND GET INTO TREATMENT SIGNIFICANTLY CHANGE THEIRS OUTCOME.

SOMEBODY WHO TESTS POSITIVE, GOES ON TREATMENT AND BECOMES UNDETECTED IS ALSO UNTRANSMITTABLE.

THIS MEANS IF A PERSON IS LIVING WITH HIV, TESTS POSITIVE AND GOES UNDER TREATMENT AND IT BECOMES UNDETECTABLE, THAT PERSON CANNOT TRANSMIT HIV.

THIS IS KEY TO ENDING THE EPIDEMIC.

SO OPT-OUT TESTING INCREASES THE AWARENESS OF HIV AND ONE OF THE PRIORITIES FOR THE FAST-TRACK CITY INITIATIVE IS TO HAVE 90% OF OUR COMMUNITY AWARE OF THEIR HIV STATUS.

>> THANK YOU VERY MUCH.

WE REALLY APPRECIATE YOUR PRESENTATION.

IF THERE AREN'T ANY OTHER QUESTIONS, I THINK WE'RE GOING TO MOVE ON TO ITEM NUMBER FOUR ON THE AGENDA, WHICH IS PRESENTATION BY HOUSING WORKS ON THE STATE OF HOUSING WITHIN THE CITY OF AUSTIN.

AND FUTURE FOCUS STUDIES FOR THE SURROUNDING AREAS.

APOLOGIES.

THAT'S THE SOBERING CENTER ON OUR CURRENT AGENDA.

I TAKE IT BACK.

SO ITEM NUMBER 4 IS A PRESENTATION BY THE SOBERING CENTER.

>> I CAN TRY TO TALK ABOUT HOUSING BUT I DON'T KNOW HOW GOOD I WOULD BE AT IT.

GOOD AFTERNOON.

I AM RHONDA PATRICK.

I'M THE EXECUTIVE DIRECTOR OF THE AUSTIN-TRAVIS COUNTY'S SOBRIETY CENTER, OTHERWISE KNOWN AS THE SOBERING CENTER.

I'M HERE TO TALK WITH YOU AND GIVE YOU A LITTLE UPDATE ON WHERE -- WHAT'S THE STATE OF THE SOBERING CENTER.

AS YOU KNOW, THE SOBERING CENTER IS AN INTERLOCAL AGREEMENT BETWEEN OUR ORGANIZATION, THE SOBERING CENTER, THE CITY OF AUSTIN AND TRAVIS COUNTY.

THE CITY OF AUSTIN FUNDS THE OPERATIONS AND TRAVIS COUNTY PROVIDES THE BUILDING.

AND WE OPERATE THE -- THE SOBERING CENTER OPERATES THE ORGANIZATION.

I ALWAYS LIKE TO TELL PEOPLE THAT THIS HAS BEEN A 19-YEAR PROCESS STARTING IN 2002 WITH A MEETING AND A DISCUSSION AND THEN WITH THE DEPLOYMENT OF A BOARD IN 2017.

AND THEN OPENING THE CENTER LAST AUGUST OF 2018.

AND SO FOR THOSE -- MOST OF YOU KNOW WHAT A SOBERING CENTER IS.

IT'S A PUBLIC FACILITY WHERE PEOPLE CAN COME AND SOBER UP.

IT'S NOT A DRUG TREATMENT CENTER.

IT'S NOT THE PUBLIC DRUNK TANK.

IT'S NONE OF THOSE THINGS.

IT'S REALLY A PLACE WHERE PEOPLE CAN COME AS AN ALTERNATIVE TO GOING TO JAIL AND THE EMERGENCY ROOM AND NOT ONLY SOBER, BUT ALSO IDENTIFY THEIR RISK AND THEN GET HELP WITH THAT.

AND OUR MISSION AT THE SOBERING CENTER REFLECTS THOSE DYNAMICS AROUND SAFE SOBERING, IMPROVING THE SAFETY AND HEALTH OF OUR COMMUNITY AND THEN INITIATING RECOVERY.

SO THOSE ARE OUR PRIMARY PRINCIPLES.

WHEN YOU LOOK AT THE MODEL, WHAT WE'RE PAYING FOR, WHAT OUR TAX DOLLARS ARE PAYING FOR, WE REALLY HAVE A THREE-PRONG MODEL THAT'S BROKEN UP INTO FOUR.

ONE HAS TO DO WITH COMMUNITY EDUCATION AND OUTREACH.

IT'S REALLY ABOUT LETTING THE PUBLIC KNOW, HEY, THERE IS A SOBERING CENTER.

THIS IS WHAT A SOBERING CENTER IS AND IS NOT.

IT'S ALSO ABOUT PROVIDING EDUCATION IN OUR COMMUNITY AND REALLY TALKING ABOUT WHAT SUBSTANCE USE AND ALCOHOL USE LOOKS LIKE AND WHAT PUBLIC INTOXICATION LOOKS LIKE IN OUR COMMUNITY.

WHAT ARE OUR STATISTICS.

WHAT ARE THE CONSEQUENCES TO OUR COMMUNITY.

AND REALLY PROVIDING SOME HEALTH LITERACY AND ALCOHOL LITERACY, OPIOID LITERACY AND WE HAVE TWO EDUCATION CAMPAIGNS THAT WE DEPLOY CALLED KNOW YOUR OPTIONS, WHICH IS REALLY TO THE GENERAL COMMUNITY.

AND THEN ALSO WE CALL IT OUR PARTY SAFE COMPANY, WHICH IS REALLY GEARED TOWARDS STUDENTS TO REALLY TALK ABOUT AND EDUCATE THEM ABOUT HOW ALCOHOL WORKS IN YOUR BODY AND THE CONSEQUENCES THAT IT PROVIDES.

WE HAVE OUR SOBERING, WHICH WE HAVE -- WE MEDICALLY SCREEN FOLKS.

LAW ENFORCEMENT AND EMS ARE THE ONLY ENTITIES THAT CAN DIVERT TO THE SOBERING CENTER.

SO WE REALLY DO A LOT OF TALKING WITH THEM ABOUT DIVERSION POINTS, WHERE ARE PEOPLE ENGAGING IN PUBLIC INTOXICATION THAT PUTS THEM AND THE COMMUNITY AT RISK AND WHERE DO THEY NEED TO DIVERT?

AND WHAT HAPPENS WHEN THEY DIVERT.

SO WE REALLY HAVE DONE A LOT OF WORK AROUND MAKING SURE THAT WE HAVE STRONG CLINICAL OPERATING GUIDELINES THAT ARE CLEAR FOR IN THE FIELD, HOW THEY GET PEOPLE TO THE SOBERING CENTER.

AND THEN WHAT HAPPENS AT THE SOBERING CENTER THAT WE'RE SAFELY SOBERING PEOPLE AND MAKING SURE THAT INDIVIDUALS GET THE PLACED IN THE RIGHT PLACE.

SO IF SOMEONE NEEDS TO GO TO THE HOSPITAL, THAT'S WHERE THEY GO.

ONCE A PERSON SOBERS UP WE SUPPLY WHAT WE CALL SCREEN, REFERRAL TO TREATMENT.

EVERY PERSON WHO COMES THROUGH THE SOBERING CENTER IS SCREENED.

WE WANT TO IDENTIFY THEIR RISK FOR DEVELOPING A SUBSTANCE ABUSE DISORDER AND THEN WE WANT TO DEPLOY THE RIGHT INTERVENTION FOR THEM.

LOW RISK EDUCATION, MODERATE RISK, BRIEF INTERVENTIONS, TALKING ABOUT WHAT'S GOING ON, WHAT'S ACCESS CERTIFY BAITING YOUR SUBSTANCE USE AND WHAT CONSEQUENCES THERE ARE TO YOU.

AND HIGH RISK HE, WE REALLY WANT TO GET YOU PLUGGED INTO THE RIGHT KIND OF SERVICE DELIVERY, RIGHT TREATMENT, RIGHT PERSON, RIGHT TIME, RIGHT PLACE.

THAT'S WHAT WE FOCUS ON IN OUR MODEL.

AND THAT'S WHAT THE CITY OF AUSTIN HAS BEEN FUNDING TODAY.

YOU KNOW, WE'VE ACCOMPLISHED A LOT IN THE -- MY TENURE BEGAN IN JANUARY OF 2018 AND I BASICALLY GOT A DESK, A CHAIR AND A MORGUE THAT I HAD TO CONVERT TO A SOBERING CENTER.

AND IN THAT -- IN THE TIME, IN THE VERY SHORT PERIOD OF TIME OR THE EIGHT MONTHS THAT WE TOOK TO GET OPEN WE COMPLETED OUR PHYSICAL PLANT RENOVATION.

THERE IS STILL SOME STUFF GOING ON IN TERMS OF THAT, BUT IT WAS A MAJOR UNDERTAKING.

A LOT OF COLLABORATION WITH THE COUNTY, WITH PERMITS.

LOTS OF WORK GOING ON THERE.

WE'VE DEVELOPED OUR COMPREHENSIVE INFRASTRUCTURE.

THAT MEANS DEVELOPING -- WHEN YOU START A NEW BUSINESS YOU HAVE TO WRITE ALL YOUR POLICIES AND PROCEDURES, YOU HAVE TO DEVELOP ALL YOUR PROCESSES, HAVE YOU TO PUT ALL YOUR ACCOUNTING SYSTEMS IN, YOUR HR SYSTEMS, ALL YOUR CLINICAL SYSTEMS, SO REALLY GETTING THAT UP AND RUNNING BEFORE WE OPEN OUR DOORS.

HIRING AND TRAINING OUR INITIAL STAFF.

SO SOBERING CENTERS IS NOT A MODEL THAT EVERYBODY KNOWS ABOUT SO WE REALLY HAD TO TRAIN A WORKFORCE FOR THAT.

WE'RE IN THE PROCESS OF FINISHING UP OUR STRATEGIC PLAN AND REALLY DOCUMENTING OUR METHODOLOGY AND DEPLOYING A COMPREHENSIVE EVALUATION.

WE'VE ALSO ACCOMPLISHED A COMPREHENSIVE SERVICE DELIVERY MODEL THAT IS STEEPED IN BEST PRACTICES AS WELL AS EMPIRICAL RESEARCH.

SO WE HAVE -- AUSTIN IS A LEADER IN SOBERING.

WE HAVE THE MOST COMPREHENSIVE MODEL ACROSS THE UNITED STATES.

AND WE HAVE BECOME A MODEL FOR OTHER SOBERING CENTERS THAT ARE OPENING UP.

IN THAT SERVICE DELIVERY I LIKE TO POINT OUT THAT TODAY WE'VE SOBERED 650 INDIVIDUALS AS OF YESTERDAY, AND SO WHEN WE REALLY LOOK AT RETURN ON INVESTMENT TO THE CITY AND RETURN ON INVESTMENT TO THE COUNTY, THOSE ARE MILLION-DOLLAR RETURN ON INVESTMENTS.

AND OUR -- PART OF OUR EVALUATION IS REALLY -- IS AN ECONOMIC EVALUATION.

SO REALLY LOOKING AT WHAT IS THE ACTUAL DOLLAR SAVINGS OR COST AVOIDANCE TO THE CITY AND TO THE COUNTY.

AND OUR LAST ACCOMPLISHMENT IS REALLY TALKING WITH THE STAKEHOLDERS ABOUT WHAT THEIR EXPECTED RETURN ON INVESTMENT WAS.

ALL THE STAKEHOLDERS OR INVOLVED IN PLANNING AND IN THE COMMUNITY AND WHAT THEY EXPECTED TO GET OUT OF THE CENTER AND WHAT THEY WANTED TO SEE FROM THE CENTER, AND REALLY TALKING ABOUT WHAT WE COULD REALISTICALLY DO AND WHAT WE REALISTICALLY COULDN'T DO AND THEN DEVELOPING THAT MODEL UP AROUND WHAT WERE PEOPLE'S EXPECTED RETURN ON INVESTMENT.

COALITION BUILDING, BRINGING TOGETHER, STARTING CONVERSATIONS AND BRINGING TOGETHER GROUPS OF PEOPLE THAT HAVE BEEN OPERATING IN SILOS AROUND SUBSTANCE USE AND BEING A LEAD IN THE CONVERSATION AROUND BEHAVIORAL HEALTH CARE, THE BEHAVIORAL HEALTH AUTHORITY AND REALLY, REALLY TALKING WITH PEOPLE AND PROVIDING A SPACE FOR PEOPLE TO COME AND COLLABORATE.

AND LASTLY, A COMMUNITY NEEDS ASSESSMENT THAT'S BEEN LACKING IN OUR COMMUNITY FOR A LONG TIME.

REALLY UNDERSTANDING WHAT ACTIVITIES WE'RE DOING AROUND SUBSTANCE USE, RESEARCH, MEETINGS, WORK GROUPS, TREATMENT, PREVENTION, INTERVENTION, HARM REDUCTION, SOBBERING.

WHAT ARE WE DOING IN OUR COMMUNITY.

WHERE ARE THE DEVELOPMENTS IN THE RESOURCES, WHAT CAPACITY DO WE NEED TO BUILD SO THAT WE CAN HAVE AN ARTICULATE CONVERSATION COMMUNITY-WIDE ABOUT HOW WE USE OUR VERY LIMITED HEALTH CARE RESOURCES AND BEHAVIORAL HEALTH CARE RESOURCES.

I PUT SOME BASIC INFORMATION HERE JUST FOR YOU ALL TO LOOK AT IN TERMS OF BASIC DATA.

WHAT WE STILL HAVE TO BE DONE, ROBUST EVALUATION.

SO THAT'S OUR NEEDS ASSESSMENT, PROCESS EVALUATION.

WE'VE BEEN OPEN A YEAR, WE WANT TO MAKE SURE THAT OUR PROCESSES ARE WORKING IN THE MOST EFFECTIVE AND EFFICIENT WAY.

PROGRAM OUTCOME EVALUATION, LOOKING AT WHAT ARE OUR OUTCOMES IN TERMS OF OUR MISSION AND HOW SUCCESSFULLY ARE WE DOING THAT AND WHAT DO WE NEED TO CHANGE ON.

AND THEN DOING THAT ECONOMIC RETURN ON INVESTMENT.

THE SUBSTANCE USE PLANNING FOR THE ENTIRE COMMUNITY, WE'RE VERY INVOLVED IN THE BEHAVIORAL HEALTH AUTHORITY PLANNING THAT'S GOING ON IN OUR COMMUNITY.

WE'RE WORKING IN COLLABORATION WITH THE CITY AND THE COUNTY, INTEGRAL CARE AND OTHER STAKEHOLDERS TO MAKE SURE WE'RE PROVIDING AND DOING WHAT'S RIGHT FOR OUR ORGANIZATION.

AND LASTLY LOOKING AT SOBERRING ACCESS EXPANSION, REALLY LOOKING AT BEING ABLE TO PROVIDE ACCESS TO THE SOBERING CENTER BY MCODE AND EMOT.

AND SO ONE OF THE PILOTS IS THE EMERGENCY ROOM WRAPAROUND WHERE INDIVIDUALS WHO DO END UP IN EMERGENCY WILL BE WRAP AROUND TO THE SOBERING CENTER AS SOON AS THEY'RE MEDICALLY CLEARED SO WE CAN INTERVENE AND FIND OUT WHAT'S GOING ON.

FOR US WHAT I REALLY LIKE TO TELL PEOPLE AT THE END OF THE DAY, SOBERRING IS IMPORTANT.

DIVERSION IS IMPORTANT, SOBERING IS IMPORTANT, BUT WHAT IS MOST IMPORTANT IS THAT WE SCREEN AND GET PEOPLE THE HELP THEY NEED AND INTERVENE APPROPRIATELY.

SUBSTANCE USE, IT KILLS PEOPLE.

PEOPLE SAY OH, THAT'S SO DRAMATIC.

IT'S A REALITY.

SUBSTANCE USE KILLS PEOPLE, WHETHER IT TAKES A LONG TIME LIKE WITH ALCOHOL, OR WHETHER IT TAKES A VERY SHORT TIME BECAUSE YOU GET THE WRONG OPIOID AND YOU DON'T KNOW WHAT YOU'RE GETTING.

THE BOTTOM LINE IS THAT WHEN WE DIVERT PEOPLE WHO ARE INTOXICATED OFF THE STREET, HOWEVER WE DO THAT THAT WE'RE ACTUALLY TAKING AND PLANTING SEEDS TO SAVE LIVES.

AND TO ME AS A CLINICIAN AND AS THE LEADER OF THE SOBERING CENTER, THAT'S WHAT'S MOST IMPORTANT.

AND I THINK THAT'S WHAT THE CITY REALLY PAYS FOR.

>> HARPER-MADISON: THANK YOU VERY MUCH FOR YOUR PRESENTATION, DR. PATRICK.

I HAVE A COUPLE OF QUESTIONS, BUT I WANT TO MAKE SURE MY COLLEAGUES HAVE THE OPPORTUNITY TO ASK ANY QUESTIONS.

YOU GO AHEAD.

>> GARZA: SO I'M JUST TRYING TO UNDERSTAND WHEN -- THE DIFFERENT TYPES OF PEOPLE THAT COME IN.

ARE THEY GIVEN -- IS IT -- IF IT'S A INTOXICATION OR IF IT'S D.W.I., IS IT A D.W.I. TOO?

ANYTHING ALCOHOL RELATED?

>> SO IF YOU ARE STOPPED OR INTERVENED FOR DRIVING WHILE INTOXICATED OR DRIVING UNDER THE INFLUENCE YOU DON'T COME TO THE SOBERING CENTER.

SO THAT'S A DIFFERENT CRIMINAL MATTER.

WE'RE REALLY LOOKING AT INDIVIDUALS WHO ARE MEETING THE LEGAL DEFINITION OF PUBLIC INTOXICATION WE PUSH FORWARD A BILL IN THE LEGISLATION TO PUSH FORWARD A CRIMINAL PROCEDURE SO WHEN OFFICERS COME ACROSS SOMEBODY WHO IS PUBLICLY INTOXICATED, THE SOBERING CENTER IS THEIR FIRST CHOICE.

AND THAT'S HELPED TO CLARIFY THE WHOLE D.W.I. ISSUE.

>> GARZA: DO YOU KNOW WHY IT'S NOT EXTENDED TO D.W.I.?

>> WELL, BECAUSE D.W.I. REALLY CAN ENCOMPASS FELONY ISSUES, AND SO THERE'S A WHOLE DIFFERENT PUBLIC HEALTH CONCERN WHEN SOMEONE GETS BEHIND THE WHEEL AND STARTS DRIVING A CAR.

AND UNLIKE INDIVIDUALS WHO GET PICKED UP FOR PUBLIC INTOXICATION AND END UP GOING TO JAIL, THE JAIL DOESN'T DO ANY KIND OF INTERVENTION FOR THEM.

WHEREAS IF YOU GET PICKED UP FOR D.W.I., THERE'S PRETRIAL SERVICES, THERE'S A LOT OF INTERVENTION, THERE'S A LOT GOING ON AROUND THAT D.W.I. EVEN FOR FIRST OFFENDERS.

WHEREAS FOR PUBLIC INTOXICATION, YOU CAN GET ARRESTED 10 TIMES FOR PUBLIC INTOXICATION AND NOBODY INTERVENES.

SO I THINK IN LOOKING AT RESOURCES AND PUBLIC NEEDS AND KIND OF WHEN I LOOK BACK THROUGH THE MINUTES IN THE EARLY PLANNING AND THE IMPLEMENTATION PLAN THAT WAS DEVELOPED IN 2014, THAT WAS THE REAL THING -- FOCUS, WAS TO SAY NO INTERVENTION IS OCCURRING FOR PUBLIC INTOXICATION SO WE REALLY NEED TO DO THAT.

>> GARZA: I THOUGHT IT DOES HAPPEN -- LIKE AT THE DOWNTOWN COMMUNITY COURT THEY HAVE INTERVENTIONS.

>> BUT ONLY IF YOU'RE TICKETED.

SO IF YOU GET A TICKET THEN YOU MIGHT END UP IN THAT COURT.

YOU MIGHT NOT.

SO THERE'S DEFINITELY -- YES, THEY ABSOLUTELY DO SEE SOME PEOPLE AND THERE ARE SOME INTERVENTIONS THEY DEPLOY AROUND THAT.

AND THE REALITY IS THAT THAT'S A VERY SMALL POPULATION.

SO WHEN YOU WERE LOOKING AT THE 3,000, 4,000 PEOPLE THAT WERE GETTING ARRESTED FOR PUBLIC INTOXICATION BEFORE THE SOBRIETY CENTER OPENED UP, MOST OF THEM, VERY FEW OF THEM GOT ANY INTERVENTION OR ENDED UP IN JUDGE COFFEY'S MUNICIPAL COURT.

>> GARZA: OKAY.

AND YOU SAID THAT YOU HAVE BEEN ABLE TO QUANTIFY THE SAVINGS?

>> YES, YES.

AND WE'RE -- RIGHT NOW -- SO WE HAVE NUMBERS THAT WE USE IN THE EARLY PLANNING AND SO ONE OF THE THINGS THAT WE'RE DOING WITH OUR ECONOMIC RETURN ON INVESTMENT ANALYSIS IS REALLY TAKING CURRENT DOLLARS AND CURRENT INTERVENTION POINTS TO GIVE A TRUE NUMBER ABOUT ALL THE WAYS THAT WE ARE COST DIVERTING.

AND HOW THOSE LINE UP WITH THE PRIORITIES BY THE CITY MANAGER.

AND SO WE REALLY WANT TO BE ABLE TO SHOW AND TELL A STORY TO OUR TAXPAYERS THAT THIS IS WHAT'S HAPPENING.

SO WE SHOULD BE FINISHED WITH THAT ANALYSIS BY THE END OF AUGUST VERSUS SEPTEMBER.

>> GARZA: OKAY.

AND JUST LAST QUESTION.

IS THERE LIKE AN AVERAGE STAY, LIKE TIME PERIOD?

>> SO PEOPLE CAN STAY AS SHORT OR AS LONG AS THEY NEED TO TO SAFELY LEAVE THE FACILITY.

AND SO ALCOHOL ON AVERAGE IS ABOUT SIX HOURS AND DRUGS, NON-OPIOID DRUGS IS ABOUT 12 HOURS AND THE OPIOIDS CAN RUN FROM 14 TO 20 HOURS.

IT REALLY JUST DEPENDS ON KIND OF THE ACUITY.

IN INITIAL PLANNING WE REALLY -- WE WERE LOOKING AT OTHER MODELS IN THE STATE, THE TWO OTHER SOBERING CENTERS, AND WE THOUGHT THE ACUITY LEVELS WOULD BE RATHER LOW.

WE WOULD JUST HAVE TO DO BASIC MONITORING AND WHATNOT.

WHAT WE V COME TO FIND IS -- WHAT WE HAVE COME TO FIND IS OUR ACUITY LEVELS ARE QUITE HARD.

THE AVERAGE ALCOHOL LEVEL OF SOMEBODY COMING IN IS .25, .254.

WE HAVE SEEN A HIGH ACUITY OF SUBSTANCE USE.

SO THE USUAL EVERYBODY WILL STAY ON AVERAGE FOUR TO SIX HOURS, JUST AS WE'VE LEARNED OVER THE LAST YEAR LOOKING AT OUR ANALYSIS, THAT THAT'S OWE PEOPLE ARE NEEDING TO STAY LONGER, THEY'RE MORE INTOXICATED AND THEY ALSO HAVE A LOT MORE COMPLICATING,

PSYCHOSOCIAL FACTORS THAT ARE INFLUENCING THEIR SUBSTANCE USE THAT REQUIRE OUR BACK-END INTERVENTION.

>> GARZA: OKAY.

THANK YOU FOR THAT PRESENTATION.

AND I THINK WE ARE DEFINITELY TRYING TO MOVE TO MODELS THAT TAKE PEOPLE OUT OF THE CRIMINAL JUSTICE SYSTEM AND PROVIDE THE SERVICES.

SO HAVING THAT DOLLAR FIGURE WILL BE VERY HELPFUL AS WE TRY THIS IN DIFFERENT AREAS.

>> HARPER-MADISON: COUNCILMEMBER KITCHEN.

>> KITCHEN: I HAVE A COUPLE OF QUESTIONS.

SO AM I UNDERSTANDING CORRECTLY THAT -- SO FOLKS ARE BROUGHT IN BY EITHER APD OR EMS, IS THAT RIGHT?

>> WELL, ALL LAW ENFORCEMENT.

SO SINCE WE'RE TRAVIS COUNTY-WIDE, ANY LAW ENFORCEMENT IN TRAVIS COUNTY.

>> KITCHEN: OKAY, GOTCHA.

SO LAW ENFORCEMENT OR EMS.

IS THAT RIGHT?

>> YES.

>> KITCHEN: OKAY.

SO WHAT HAPPENS TO THEM AFTER THEY -- AFTER THEY -- THEY STAY FOR A PERIOD TO BECOME SOBER, I GUESS.

WHAT HAPPENS TO THEM AT THAT POINT?

>> SO ONCE THEY'RE SUFFICIENTLY SOBERED UP WHERE WE CAN DO -- WE DEPLOY A SUBSTANCE USE SCREENING, WE USE THE DAS AND THE ASSIST, DEPENDING ON WHETHER IT'S DRUGS OR ALCOHOL.

AND THAT GIVES US A SEVERITY, LIKE A RISK SCORE.

AND THEN WE TALK WITH THEM ABOUT THEIR RISK AND WHAT OPTIONS ARE AND WE DO A READINESS AND WE HAVE A WHOLE SORT OF CLINICAL EXIT.

ONCE DEPENDING ON WHATEVER THEIR CARE PLAN IS GOING TO BE, WHETHER IT'S EDUCATION OR JUST SOME BRIEF INTERVENTION OR REFER THEM AND LINK THEM UP WITH TREATMENT, ONCE THEY ACTUALLY LEAVE THE CENTER, YOU CAN'T LEAVE THE CENTER UNTIL YOU CAN LEAVE SAFELY SO YOU NEED TO HAVE A RIDE HOME.

SO WE MAKE ARRANGEMENTS FOR SOMEONE TO EITHER COME AND GET THEM OR TO PROVIDE TRANSPORTATION FOR THEM TO GET TO WHEREVER THEY'RE SHELTERING.

IN TERMS OF LIKE IF THE POLICE BROUGHT THEM IN, ONCE A POLICE OR EMS DROP THEM OFF TO US, THEIR ENGAGEMENT WITH THEM ENDS.

SO WE DON'T -- THEY DON'T GET TICKETS AND THEY DON'T GET FINES.

WE DON'T CHARGE THEM FOR THEIR SERVICES.

THEY HAVE TO VOLUNTARILY AGREE TO STAY THERE TO SOBER.

SO THE BACK-END PIECE IS REALLY JUST PROVIDING THEM THAT EDUCATION AND INFORMATION.

AND WE ALSO LIKE TO REMIND THEM THAT HAD THEY GONE TO JAIL OR TO THE EMERGENCY ROOM, THIS WOULD BE WHATEVER THE CONSEQUENCES ARE TO THEM.

SO THEY CAN REALLY REINFORCE LET'S MAKE SOME BETTER CHOICES, ESPECIALLY OUR YOUNG PEOPLE.

>> KITCHEN: OKAY.

DO YOU HAVE STATISTICS ABOUT HOW MANY RETURN PEOPLE YOU'RE SEEING?

>> WE DO, WE DO.

ACTUALLY, I WAS JUST RUNNING THE NUMBER THIS MONTH AROUND OUR REPEAT.

AND THEY HOVER ABOUT THREE TO FOUR -- THREE TO FIVE PERCENT.

THIS MONTH WE'RE AT FIVE.

AND I THINK WHAT WE'VE FOUND IS THAT OUR REPEAT FOLKS, WE'VE COME TO KNOW THEM.

THEY'RE THE SAME REPEAT FOLKS GENERALLY EVERY SINGLE MONTH.

WE DON'T GET NEW REPEATERS.

AND I WOULD SAY THESE ARE GENERALLY FOLKS THAT HAVE CHRONIC SUBSTANCE USE DISORDER.

THEY HAVE LIMITED RESOURCES.

SO WHEN WE'RE TRYING TO PLACE SOMEONE, GET SOMEONE HELP, A COUPLE OF THINGS NEED TO HAPPEN.

READINESS.

THEY HAVE TO WANT AND BE READY TO GET HELP, BUT THEY ALSO HAVE TO HAVE THE RESOURCES.

AND THEY HAVE TO HAVE THE ABILITY TO STAY WHEREVER THEY GO.

SO THESE ARE FOLKS THAT REALLY LACK THE RESOURCES.

SO WHAT WE DO WITH OUR REPEATERS IS WE REALLY TALK WITH THEM ABOUT SAFETY.

SO WHAT WE DO WITH OUR REPEATERS, WE TALK TO THEM ABOUT SAFETY.

EVERYTHING, MUCH OF THAT CONVERSATION IS ABOUT BEING SAFE.

SO IF YOU'RE SO INTOXICATED YOU SHOW UP AT THE CENTER WITH .35 BLOOD ALCOHOL, YOU CAN'T REALLY BE SAFE.

SO LET'S TALK ABOUT WHAT YOU CAN DO TO BE SAFE.

SO WHAT WE'VE STARTED TRACKING WITH OUR REPEATERS IS LOOKING AT THEIR BLOOD ALCOHOL FOR EACH EPISODE.

AND WHAT WE'RE FINDING IS THAT WITH EACH EPISODE, THEIR BLOOD ALCOHOL IS GETTING LESS AND LESS.

SO FROM THE PERSPECTIVE OF SORT OF HARM REDUCTION PERSPECTIVE, FOR US TO CONTINUE TO TALK TO THEM, WE WANT THEM TO KEEP COMING TO THE SOBERING CENTER.

THAT'S MORE TIMES WE CAN TALK TO THEM AND INTERVENE.

>> KITCHEN: BUT THEY DON'T COME TO THE SOBERING CENTER, THEY'RE BROUGHT TO THE SOBERING CENTER.

THEY HAVE TO BE ARRESTED TO COME TO THE SOBERING CENTER; RIGHT?

>> WELL, THEY'RE NOT ARRESTED, THEY'RE PLACED IN CUSTODY AND THEN THEY'RE RELEASED INTO OUR CARE.

>> KITCHEN: MY UNDERSTANDING FROM THE POLICE IS THEY'RE ARRESTED, BUT THEY DON'T HAVE -- MAYBE IT'S A MATTER OF TERMINOLOGY.

>> YEAH, PROBABLY.

>> KITCHEN: BUT THEY DON'T -- THEY DON'T GO THE CRIMINAL ROUTE.

IN OTHER WORDS, THEY'RE NOT BOOKED, I GUESS IS THE RIGHT WORD.

>> DETAINED.

>> KITCHEN: THEY'RE -- WELL, THEY TELL ME THEY ARREST THEM, BUT IN ANY CASE, THEY'RE NOT BOOKED.

OKAY.

>> UH-HUH.

>> KITCHEN: SO WHEN YOU -- I'M NOT UNDERSTANDING YOUR STATISTICS 3 TO 5% REPEATS, JUST GIVE ME AN ORDER OF MAGNITUDE OF THE NUMBER OF REPEAT PEOPLE OVER THE LAST -- WAS YOUR NUMBER ABOUT -- YOU GAVE US A NUMBER THAT WAS A TOTAL?

>> 1650.

>> KITCHEN: 1650?

>> SO THE REPEAT NUMBER, IF YOU TAKE A RAW NUMBER AND SAY EVERY MONTH THIS NUMBER OF PEOPLE ARE REPEATERS, 3% ON AVERAGE IT'S -- 3.2% OF 16 IS, WHAT, THE 40 -- 16 TIMES 3 --

>> KITCHEN: YES, BUT WHAT I'M ASKING YOU IS, I DON'T KNOW IF THE 3% THAT REPEATED IN MONTH ONE IS THE SAME PEOPLE --

>> THE SAME PEOPLE, RIGHT.

>> KITCHEN: SAME PEOPLE IN MONTH TWO, THREE, FOUR, FIVE --

>> GENERALLY, YES.

>> KITCHEN: SO I'M TRYING TO GET AN ORDER OF MAGNITUDE WHAT THAT POPULATION IS.

>> TEN.

IT'S TEN KNOWN INDIVIDUALS.

>> KITCHEN: JUST TEN?

>> TEN.

>> KITCHEN: SO TEN IS 3 TO 5%?

>> UH-HUH.

>> KITCHEN: OKAY.

SO -- OKAY.

>> AND THEN YOU HAVE A SCATTERING OF NEW REPEATERS THAT COME IN AND OUT, BUT WE HAVE 10 OR 11 KNOWN INDIVIDUALS THAT ARE FREQUENTLY DIVERTED TO THE SOBERING CENTER.

>> KITCHEN: OKAY.

AND JUST TO HELP ME UNDERSTAND, FREQUENTLY MEANS HOW MANY TIMES, ON AVERAGE?

>> IT COULD BE --

>> KITCHEN: IS IT EVERY MONTH?

TWICE A MONTH?

>> IT COULD BE ONE TIME A MONTH, IT COULD BE THREE TIMES.

WE HAD AN INDIVIDUAL THAT WAS IN THERE 22 TIMES OVER A WEEK'S PERIOD OF TIME.

I MEAN, IT VARIES FROM PERSON TO PERSON.

IT REALLY JUST DEPENDS ON THE INDIVIDUAL, THEIR CIRCUMSTANCES, WHERE THEY'RE SHELTERING, AND THOSE KINDS OF THINGS.

>> KITCHEN: OKAY.

SO THEN WHAT -- SO I'D LIKE TO UNDERSTAND THOSE NUMBERS BETTER.

SO MAYBE YOU COULD PROVIDE THAT TO US.

THAT WOULD BE REALLY HELPFUL.

>> ABSOLUTELY.

>> KITCHEN: I'D LIKE TO UNDERSTAND WHAT'S GOING ON WITH THOSE FOLKS.

SO THEN WHAT SERVICES DO WE HAVE AVAILABLE AT THE SOBERING CENTER FOR THEM?

IN OTHER WORDS, HOW DO YOU CONNECT -- WHY -- WHAT'S GOING ON THAT THEY KEEP COMING BACK?

I MEAN, YOU KIND OF SAID THEY DON'T HAVE ANY RESOURCES.

DO YOU GUYS HAVE CONNECTIONS TO RESOURCES TO CONNECT THEM TO OR --

>> THESE INDIVIDUALS HAVE -- ARE GENERALLY CASE-MANAGED, HAVE INTERACTION WITH A MULTITUDE OF OTHER SOCIAL SERVICE ENTITIES.

>> KITCHEN: OKAY.

>> AND SO THE -- WHETHER IT'S THEIR SUBSTANCE USE OR THEIR MENTAL HEALTH ISSUES OR OTHER ISSUES, THEY REALLY DON'T HAVE THE COGNITIVE CAPACITY TO STAY ENGAGED.

SO WHAT DO WE DO WITH THAT POPULATION?

I THINK THAT'S A QUESTION THAT WE HAVE ALL ACROSS THE UNITED STATES, WHAT DO WE DO WITH THE POPULATION THAT CAN'T GET ENGAGED AND STAY ENGAGED AND REQUIRES -- HAS A CHRONIC ILLNESS THAT REQUIRES ONGOING CARE AND MONITORING?

WHAT DO WE DO WITH THEM AND WHERE DO WE SERVE THEM AND HOW DO WE BEST SERVE THEM?

I THINK THIS IS WHY WE REALLY DO A LOT OF COORDINATION WITH THOSE FOLKS WHEN THEY HAVE MULTIPLE SERVICE PROVIDERS, REALLY TALKING WITH THEM, WE'RE IN THE HMIS SYSTEM SO WE CAN SEE WHO'S SERVING THEM, IF THEY'RE A PERSON EXPERIENCING HOMELESSNESS, SO WE DO A LOT OF THAT, TALKING ABOUT HOW CAN WE BEST TRY TO KEEP THIS PERSON SAFE SO THAT THEIR UTILIZATION OF RESOURCES DECREASES OVER TIME.

THIS IS WHY THINGS LIKE PEER RECOVERY SUPPORT COACHES AND SPECIALISTS ARE VERY IMPORTANT, BECAUSE THOSE FOLKS CAN STAY ENGAGED WITH THEM AND REALLY HELP TO DIVERT THEM BEFORE THEY REACH A CRISIS POINT.

AND THAT'S A LOT OF WHAT WE DO.

WE JUST KEEP TALKING WITH THEM AND WORKING WITH THE SERVICE PROVIDERS, BUT THE REALITY IS, WITH THAT CHRONIC POPULATION, YOU DO GET SERVICE FATIGUE.

AND SO WE REALLY TRY TO KEEP LOOKING AT WHAT IS IT THAT YOU NEED, WHAT CAN YOU -- WHAT DO YOU HAVE THE RESOURCES AND THE ABILITY TO DO, AND HOW CAN WE HELP YOU DO THAT SO THAT YOU CAN BE SAFE.

>> KITCHEN: OKAY.

SO ONE -- JUST ONE LAST QUESTION AND THEN I'LL -- SO WITH REGARD TO THE INDIVIDUALS THAT ARE HOMELESS, I SEE A PERCENTAGE OF 17%?

>> YEAH.

>> KITCHEN: SO I'M TRYING TO UNDERSTAND THE PERCENTAGES HERE.

IS THAT A PERCENTAGE OF -- WHAT TOTAL?

THE 1650 THAT YOU HAD MENTIONED?

>> NO, THAT'S THE TOTAL FOR THE MONTH, FOR THE MONTH.

SO WE'VE BEEN TRACKING, IN OUR EARLY MONTHS, OUR HOMELESS DIVERGENCE OF INDIVIDUALS EXPERIENCING HOMELESSNESS WAS VERY LOW, 1, 2% IN OUR EARLY MONTHS.

AND OVER -- REALLY, IT STAYED FAIRLY LOW, UNDER 10%, REALLY, UNTIL ABOUT PROBABLY THREE MONTHS AGO, IN WHICH WE STARTED TO SEE THOSE NUMBERS INCREASE.

SO LAST MONTH'S NUMBERS WAS 17 -- WELL, APRIL'S NUMBERS WAS 17%.

MAY -- MARCH'S NUMBERS WAS 11, APRIL'S WAS 17, AND MAY'S IS 22%.

SO WE'RE DEFINITELY SEEING AN INCREASE IN THE NUMBER OF PERSONS EXPERIENCING HOMELESSNESS, BEING DIVERTED TO THE SOBERING CENTER WHEN THEY'RE INTOXICATED.

>> KITCHEN: OKAY.

SO THESE NUMBERS HERE ARE A MONTHLY NUMBER.

>> RIGHT.

RIGHT.

>> KITCHEN: OKAY.

>> SO BECAUSE OF THE SLOW START-UP, I THINK WE HAVE OTHER THINGS GOING ON AROUND HOMELESSNESS AND HOW WE'RE DEALING WITH THAT, THAT ARE IMPACTING OUR NUMBERS SO RATHER THAN TRYING TO GIVE A GLOBAL NUMBER, BECAUSE I DON'T THINK THAT'S AN ACCURATE REFLECTION, IS TO REALLY LOOK AT THE TREND OVER THE MONTH OF THE NUMBER OF PERSONS EXPERIENCING HOMELESSNESS THAT ARE BEING DIVERTED TO THE SOBERING CENTER, AND THEN WHY THEY'RE BEING DIVERTED, AND WHEN THEY'RE BEING DIVERTED, AND WHAT'S GOING ON WITH THEM.

>> KITCHEN: OKAY.

THAT'S INFORMATION I'D LIKE TO SEE IF YOU COULD SHARE IT.

>> SURE.

>> KITCHEN: AND MY VERY LAST QUESTION.

DO YOU -- DO YOU HAVE HOUSING TO CONNECT THEM TO?

>> SO WE WORK WITH THE AREA HOUSING PROVIDERS, WE CAN WITH ECHO AND COORDINATION AND THOSE KINDS OF THINGS.

WE WORK WITH SOBER HOMES AND SOBER LIVING TO PLACE PEOPLE, EITHER POST-TREATMENT OR IN OUTPATIENT OR AS A RESPITE OR INTERIM PLACEMENT UNTIL WE CAN GET THEM INTO TREATMENT.

>> KITCHEN: OKAY.

WELL, I WOULD JUST LIKE SOME MORE STATISTICS WHEN YOU HAVE A CHANCE.

>> SURE.

>> KITCHEN: I'D LIKE TO KNOW SPECIFICALLY HOW MANY OF THE HOMELESS -- HOW MANY WE'RE TALKING ABOUT IN TERMS OF INDIVIDUALS EXPERIENCING HOMELESSNESS, AND I'D LIKE TO UNDERSTAND THE NUMBERS THAT ARE DISCHARGED, I GUESS IS THE TERM YOU USE, TO HOUSING.

>> OKAY.

>> KITCHEN: TO A PLACE TO LIVE.

>> OKAY.

SURE.

>> KITCHEN: THANK YOU.

>> HARPER-MADISON: THANK YOU AGAIN FOR THE PRESENTATION.

I THINK MOST OF MY QUESTIONS HAVE BEEN ASKED BUT I DO HAVE TWO THAT PERSON COVERED YET.

>> OKAY.

>> HARPER-MADISON: AND SPECIFICALLY I'M LOOKING AT THE POST-PARTY TRANSPORTATION PLANS.

>> OH, YES.

>> HARPER-MADISON: AND I JUST WONDER -- YOU KNOW, ESPECIALLY GIVEN A SEVERAL TIMES -- THROUGHOUT THE COURSE OF THE PRESENTATION, YOU MENTIONED THE IMPORTANCE OF ROBUST COLLABORATION.

I JUST WONDER WHAT KIND OF PREVENTATIVE, COLLABORATIVE EFFORTS ARE GOING INTO THIS.

I MEAN, IF -- WHAT IS THIS, 44% OF PEOPLE AREN'T MAKING PLANS TO GET THEMSELVES HOME SAFELY.

ARE WE WORKING WITH THE TNC'S?

ARE WE WORKING WITH, YOU KNOW, SERVICES WITH THE TAXI COMPANIES, ARE WE TRYING TO GET ENGAGED IN SOME CONVERSATIONS AROUND THIS PREVENTATIVE COMPONENT?

>> YEAH.

SO A COUPLE OF THINGS WITH THAT.

CAN HE STARTED COLLECTING THIS INFORMATION IN JANUARY.

THE MOBILITY COMMITTEE ASKED US TO START COLLECTING THAT SO WE COULD GET A BETTER IDEA OF THE IMPACT OF DIVERSIONS ON PEOPLE THAT WOULD POTENTIALLY BE DRIVING AFTER THEY'RE LEAVING THEIR ENTERTAINMENT DESTINATION, OR WALKING, OR DON'T HAVE A PLAN AT ALL.

AND SO WE STARTED COLLECTING THAT INFORMATION TO BETTER UNDERSTAND WHAT WERE PEOPLE'S PLANS OR NO PLANS.

SO WHAT WE FOUND IS THAT EVEN THOSE PEOPLE WHO SAY THAT THEY'RE GOING TO WALK OR THEY DON'T KNOW WHEN WE ASK A SECOND QUESTION, IS, DO YOU HAVE A CAR?

DID YOU BRING A CAR TO YOUR ENTERTAINMENT DESTINATION, WE FIND THAT MANY OF THEM DID.

SO THE RISK OF THEM GETTING IN THEIR CAR AND DRIVING IS PRETTY GREAT.

AND WHEN YOU LOOK AT THOSE NUMBERS COMBINED, THAT'S -- YOU KNOW, LAST MONTH'S WAS CLOSE TO 72, 73%.

THAT'S A LOT OF PEOPLE THAT ARE THINKING ABOUT GETTING IN CARS AFTER THEY LEAVE AN ENTERTAINMENT DESTINATION.

SO CIRCLING BACK AROUND IN MY CONVERSATION WITH MY STAFF AND OUR CONVERSATION TONIGHT WITH THE BOARD IS TO REALLY TALK ABOUT, YOU KNOW, WE REALLY NEED TO CIRCLE BACK AROUND TO THE MOBILITY COMMITTEE AND TALK ABOUT, LIKE, WHAT DO WE NEED TO DO AROUND MESSAGING?

BECAUSE WE CAN TALK WITH THEM AND SAY, LIKE, YOU KNOW, HEY, MAKE A BETTER PLAN, TAKE RIDESHARE.

BUT THEN WE GET PUSHBACK SAYING, WELL, RIDESHARE IS NOT GOING TO LET ME GET IN THE CAR IF I'M THAT INTOXICATED, WHICH THEY WON'T, OR I DON'T HAVE ENOUGH MENTAL FACULTIES TO KNOW HOW TO GET A TAXICAB OR TO GET TO THE BUS STOP.

SO I THINK REALLY THINKING ABOUT, ALONG WITH THE MOBILITY COMMITTEE, HOW DO WE MESSAGE ABOUT THE IMPORTANCE OF NOT DRIVING YOUR CAR TO YOUR ENTERTAINMENT DESTINATION IF YOU DON'T HAVE A PLAN THAT YOU CAN'T MAINTAIN.

AND SO I JUST FINISHED DOING A PRESENTATION AT THE DWI ROUND TABLE TALKING ABOUT THIS MESSAGING AND HOW IMPORTANT IT IS WHEN WE LOOK AT, YES, LAST MONTH IT MIGHT HAVE BEEN 60 PEOPLE THAT WE'RE TALKING ABOUT, BUT YOU START ADDING THOSE NUMBERS UP, MONTH TO MONTH TO MONTH, AT THE END OF THE YEAR THAT'S 720 PEOPLE THAT POTENTIALLY WOULD HAVE GOTTEN IN A CAR AND DRIVEN AND HURT SOMEBODY OR HURT THEMSELVES.

SO TO REALLY THINK ABOUT, WHEN YOU REALLY TAKE A RAW NUMBER AND THEN THINK ABOUT THE IMPACT AND CONSEQUENCE TO PEOPLE IN OUR COMMUNITY, I THINK IT'S IMPORTANT THAT WE HAVE THAT CONVERSATION.

AND WE'RE GOOD ABOUT THAT.

WE'RE GOOD ABOUT OPENING THOSE CONVERSATIONS AND THOSE DIALOGUES TO SAY, HEY, THIS IS AN ISSUE THAT WE'RE SEEING AND WE NEED TO DO SOMETHING ABOUT IT.

>> HARPER-MADISON: I'D LIKE TO ASK THAT AS THOSE CONVERSATIONS EVOLVE WITH TRANSPORTATION, THAT YOU KIND OF KEEP US IN THE LOOP, TO JUST SORT OF SEE WHERE WE'RE MAKING STRIDES, WHERE WE'RE MAKING PROGRESS, AND ULTIMATELY HOW WE CAN, AS A BODY, BE MORE SUPPORTIVE, BECAUSE IT SEEMS TO ME LIKE SO MUCH OF THIS IS ON THE FRONT END, WHICH IS

THE PREVENTATIVE COMPONENT, ONE, PEOPLE MAKING BETTER PLANS AROUND ENTERTAINMENT, AND THEN THE SECOND QUESTION THAT I HAD HAD TO DO WITH -- DID YOU CALL IT PARTY SAFE CAMPAIGN?

>> UH-HUH.

>> HARPER-MADISON: AND, YOU KNOW, THOSE RELATIONSHIPS WITH UNIVERSITIES AND STUDENT GROUPS.

I THINK WHAT KEEPS COMING TO MIND FOR ME THERE IS, WHAT DO THOSE CAMPAIGNS LOOK LIKE AS IT PERTAINS TO THE PREVENTION OF OVERCONSUMPTION, AS OPPOSED TO THE REACTION, WHICH IS TAKING CARE OF PEOPLE WHO HAVE ENGAGED IN OVERCONSUMPTION.

>> YEAH.

SO WE, IN OUR ALCOHOL EDUCATION AND LITERACY, WE REALLY TALK A LOT ABOUT WHAT I CALL ENDORPHIN SATURATION.

SO WHEN YOU GET TO A CERTAIN NUMBER OF DRINKS, YOU REACH ENDORPHIN SATURATION.

YOU'RE NOT GETTING ANY MORE ENDORPHINS, NOW YOU'RE JUST POISONING YOURSELF.

AND MOST PEOPLE DON'T REALIZE THAT.

THEY THINK THAT, YOU KNOW, IF THEY KEEP THING ALL NIGHT LONG OR WHATNOT, THOSE ENDORPHINS ARE STILL GOING AND THEY'RE STILL FEELING GREAT AND THERE'S OTHER THINGS THAT ARE GOING ON WITH ENDORPHINS, SOCIALIZATION AND WHATNOT, BUT THE ALCOHOL, THERE IS A SATURATION POINT, AND YOU'RE NOT GETTING ANYTHING MORE OUT OF THIS.

THIS IS PART OF OUR EDUCATION WITH STUDENTS BECAUSE WE DON'T -- WHAT WE TELL STUDENTS, STARTING IN 8TH, 9TH, 10TH, 11TH, 12TH GRADE, IS DON'T DRINK, DON'T USE DRUGS, IT'S BAD FOR YOU, YOU CAN GET IN TROUBLE, YOU CAN GO TO JAIL.

WE'RE NOT ACTUALLY PROVIDING THEM ANY REALLY INFORMATION ABOUT HOW ALCOHOL WORKS IN YOUR BODY AND WHAT IT DOES OR DOESN'T DO FOR YOU.

AND SO, REALLY, PROVIDING THAT INFORMATION ABOUT HOW ALCOHOL ACTUALLY WORKS, AND THEN IF YOU OVERCONSUME, WHAT DO YOU DO?

SO SOMETIMES YOUNG PEOPLE PLAN TO OVERCONSUME.

IF YOU PLAN TO OVERCONSUME, THEN YOU NEED TO HAVE A PLAN GOING OUT.

IF YOU DON'T PLAN AND YOU END UP OVERCONSUMING, WHAT IS YOUR PLAN?

SO WE'RE REALLY TALKING WITH THEM ABOUT MAKING SURE THAT THEY CAN BE SAFE, SO IF YOU'RE THIS INTOXICATED, WHAT DOES THAT MEAN FOR YOUR BODY?

WHAT ARE YOUR RISKS OF INJURY?

OF ASSAULT?

OF UNWANTED SEXUAL ACTIVITY?

OF, YOU KNOW, ALL SORT OF THINGS.

WHAT ARE YOUR RISKS AROUND THAT?

AND THEN, AND HAVING REAL FRANK CONVERSATIONS ABOUT WHAT THAT MEANS FOR YOU, AND THEN HAVING A PLAN AROUND THAT, ESPECIALLY OUR YOUNG WOMEN.

THEIR BLOOD ALCOHOL LEVELS WHEN THEY COME INTO THE SOBERING CENTER ARE MUCH GREATER THAN THE MEN'S, FOR A LOT OF BIOLOGICAL REASONS.

AND IT PUTS THEM AT GREAT RISK, AND THEY DON'T -- WHAT WE SEE IS THEY OFTEN RELY UPON OTHER PEOPLE TO TAKE CARE OF THEM, AND THEN THEY END UP IN PRECARIOUS SITUATIONS.

SO A LOT OF OUR YOUNG AND OUR COLLEGE CAMPUS WORK AROUND THE PARTY SAFE IS REALLY UNDERSTAND HOW ALCOHOL WORKS, DON'T MIX DRUGS, AND HAVE A PLAN.

>> HARPER-MADISON: I APPRECIATE THAT AND I'D BE VERY ENCOURAGED TO KNOW THAT YOU'RE WORKING WITH, YOU KNOW, SAFE ALLIANCE AND SOME OF THE OTHER ORGANIZATIONS WHO SPECIFICALLY DO THAT KIND OF WORK, AS TO THE LATTER END OF WHAT YOU MADE REFERENCE TO.

I DON'T HAVE ANY OTHER QUESTIONS, AND UNLESS MY COLLEAGUES DO, I'D LIKE TO THANK YOU FOR YOUR --

>> GARZA: I MIGHT HAVE MISSED THIS ONE. I STEPPED OFF THE DAIS FOR A SECOND.

YOU MENTIONED EMS CAN BRING THEM?

AND I HEARD COUNCILMEMBER KITCHEN SAY IT'S ONLY THROUGH POLICE.

>> KITCHEN: I THOUGHT IT WAS.

>> GARZA: CAN YOU EXPLAIN LIKE AN EMS SCENARIO?

>> IF A PERSON IS PUBLICLY INTOXICATED AND THE POLICE INTERVENE, AND THE PERSON IS NOT MEDICALLY STABLE FOR WHATEVER REASON, OFTENTIMES LAW ENFORCEMENT WILL CALL EMS TO TAKE THEM TO THE HOSPITAL.

AND AT THAT POINT, EMS HAS A FIELD PROTOCOL BY WHICH THEY SCREEN TO DETERMINE WHETHER THIS PERSON NEEDS TO GO TO THE HOSPITAL OR WHETHER THEY CAN COME TO THE SOBERING CENTER.

THEN THERE'S PUBLIC CALLS.

SO SOMETIMES PEOPLE WILL CALL 911 AND SAY THERE'S A PERSON PASSED OUT ON THE SIDEWALK, AND EMS WILL GO, AND IT'S A PERSON WHO'S INTOXICATED, AND THEY'LL BE ABLE TO AROUSE THEM AND TALK TO THEM, DO THEIR FIELD SCREENING, AND THEN BRING THEM TO THE SOBERING CENTER.

ABOUT 30% OF OUR DIVERSIONS ARE EMS DIVERSIONS.

SO IT'S A 30/70 SPLIT.

WE'VE ACTUALLY BEEN WORKING WITH EMS TO -- DR. ESCOTT AND DR. PICKETT, THE MEDICAL DIRECTORS OF EMS, THEY'RE ALSO OUR MEDICAL DIRECTOR, SO WE'VE BEEN WORKING TO REALLY KEY

UP WHAT WE SCREEN IN THE FIELD, OUR TRIAGE PROTOCOL, AND THEN OUR TRIAGE LEVELING SYSTEM, AND THEN THE CARE WE PROVIDE IN THE SOBERING CENTER, SO THAT EVERYBODY IS COMFORTABLE THAT THE SOBERING CENTER ACTUALLY HAS THE COMPETENCY TO SAFELY SOBER PEOPLE AND PEOPLE REALLY DON'T KNOW TO GO TO THE HOSPITAL.

THE OTHER PART OF THAT IS HOSPITAL WRAPAROUND.

OFTENTIMES EMS WILL STILL TAKE SOMEONE TO THE HOSPITAL, SO THE HOSPITALS, WE'RE WORKING IN COLLABORATION WITH THEM TO WRAP THOSE FOLKS BACK AROUND INTO THE SOBERING CENTER SO THEY'RE NOT TAKING UP EMERGENCY BEDS THAT MIGHT BE NEEDED FOR OTHER THINGS, LIFE-SAVING EVENTS.

AND THEN THEY CAN GET HELP.

SO WE'VE GOT THOSE TWO PIECES ON THE MEDICAL SIDE, AND I DON'T HAVE NUMBERS ON ER DIVERSION OR ER WRAPAROUND YET BECAUSE THAT'S JUST ABOUT TO BE DEPLOYED IN JULY, JULY 1ST.

>> GARZA: AND YOU MAY HAVE MENTIONED THIS IN YOUR PRESENTATION SO SORRY IF I MISSED IT.

HAVE YOU, I GUESS, BEEN AT CAPACITY AND YOU HAVE TO TURN FOLKS AWAY?

>> NO.

ON OUR -- WE CALL THEM SLOW TIMES AND FAST TIMES.

THURSDAY, FRIDAY, SATURDAYS, THOSE ARE OUR HIGH UTILIZATION TIMES, AND OUR AVERAGE, WE AVERAGE SOMEWHERE PEOPLE 18 AND 22 PEOPLE.

BUT WHEN YOU HAVE A BUNCH OF WHAT WE CALL LEVEL I'S THAT REQUIRE CONSTANT MONITORING AND INTERVENTION, THAT'S LIKE HAVING 60 PEOPLE.

AND THEN DURING THE WEEK TIME, SUNDAY THROUGH WEDNESDAY, WE AVERAGE EIGHT TO TEN FOLKS.

SO, AGAIN, THOSE FOLKS TEND TO HAVE ABOUT LEVEL II, BUT THEY ALSO -- WE SEE DURING THE WEEK FOLKS WITH A LOT MORE PSYCHOSOCIAL ISSUES GOING ON.

>> GARZA: UH-HUH.

>> SO WE'RE HAVING TO DO A LOT MORE AROUND THE PSYCHOSOCIAL PIECES, THE BRIEF INTERVENTIONS, LINKING WITH SERVICES, FIGURING OUT WHAT'S GOING ON, THOSE KINDS OF THINGS WITH THAT POPULATION DURING THE WEEK.

SO THERE IS A DISTINCT DIFFERENCE BETWEEN WHAT WE SEE DURING THE WEEK AND WHAT WE SEE ON THE WEEKENDS.

I DON'T KNOW THAT WE'LL EVER ACTUALLY REACH THE 40-BED CAPACITY.

YOU KNOW, I LIKE TO TELL PEOPLE THAT OUR MODEL WAS ORIGINALLY BUILT OFF OTHER MODELS, AND THAT SEEMED TO BE SORT OF THE TREND, LIKE LET'S PUT IN 40 BEDS AND, YOU KNOW, PUT THEM ALL ON THE FLOOR.

AND WHAT WE KNOW NOW, GOING INTO THIS, IS THAT NO SOBERING CENTER IN THE UNITED STATES, EXCEPT FOR FARMINGTON, NEW MEXICO, NEW MEXICO, REACHES 100% CAPACITY.

THEY ALL ARE AROUND 40 TO 50% CAPACITY, AND IT HAS TO DO, REALLY, WITH THE ACUITY OF WHAT WE'RE SERVING.

SO YOU'VE KIND OF GOT TO BE IN THIS RIGHT NICHE.

YOU CAN'T BE ACTING OUT AND ENGAGING IN BEHAVIOR THAT IS DANGEROUS TO THE STAFF AND REQUIRES YOU TO GO TO JAIL, AND YOU CAN'T BE SO INTOXICATED THAT YOU REQUIRE MEDICAL INTERVENTION.

SO IT'S THIS IN-BETWEEN SPACE THAT WE FALL IN.

SO WE'RE AT ABOUT 40 TO 50% UTILIZATION.

AND I THINK THAT THAT'S CONSISTENTLY WHERE WE'LL STAY FOR THE MOST PART.

>> GARZA: OKAY.

AND LAST QUESTION, I THINK I -- THERE'S SIGNIFICANTLY MORE MALE SLOTS THAN FEMALE.

IN THAT WORK WITH, YOU KNOW, BEST PRACTICES -- I GUESS I JUST HATE -- PLEASE LET US KNOW IF THERE'S EVER ANY SWITCH TO THAT MATH BECAUSE I'D HATE THE CIRCUMSTANCE TO BE THAT A WOMAN DOESN'T GET A SLOT BECAUSE ALL THOSE BEDS ARE TAKEN BECAUSE THERE HAVE BEEN MORE ALLOTTED TO THE MALE SIDE.

>> YEAH.

AND SO ONE OF THE THINGS THAT WE'VE DONE IS WE'VE BEEN ABLE TO BUILD OUR DORM AREA A LITTLE BIT DIFFERENT SO THAT WE'RE ABLE TO FLEX IF WE NEED TO.

SO IF WE GET A BUSLOAD OF 10 FEMALES FROM 6TH STREET, YOU KNOW, WE WANT TO BE ABLE TO SERVE THOSE INDIVIDUALS.

SO WE HAVE PUT A MECHANISM IN PLACE WHERE WE CAN SHIFT OUR DIVIDERS SO THAT WE CAN FLEX THOSE BEDS.

WE DEFINITELY ARE SEEING MORE WOMEN AND MORE YOUNG WOMEN, SO THAT IS A PATTERN THAT WE'RE ABSOLUTELY SEEING, AND WE'RE SEEING THAT NOT JUST AT THE SOBERING CENTER, WE'RE SEEING THAT ACROSS THE UNITED STATES, JUST IN SUBSTANCE USE IN GENERAL, AND IN ALCOHOL IN GENERAL.

12TH GRADE GIRLS NOW DRINK AT THE SAME RATE AS 12TH GRADE BOYS, THE FIRST TIME IN THE ENTIRETY OF OUR HISTORY AND EUROPEAN HISTORY.

SO THIS IS VERY, VERY CONCERNING FOR US.

8TH GRADE GIRLS NOW DRINK MORE THAN 8TH GRADE BOYS.

SO WHAT THIS TELLS ME IS THAT WHEN WE FAST-FORWARD FIVE, SIX, SEVEN, EIGHT YEARS, AND THOSE 8TH GRADERS ARE COMING IN TO BE OUR U.T. STUDENTS OR OUR HUSTON-TILLOTSON STUDENTS OR

TEXAS STATE STUDENTS, WE NEED TO BE MINDFUL ABOUT HOW WE THINK ABOUT WOMEN AND GIRLS THAT USE SUBSTANCES, THAT PATTERN IS CHANGING.

SO THE GREAT THING ABOUT A SOBERING CENTER IS, WE'RE THE FRONT DOOR.

WE GET TO SEE EVERYTHING.

AND IN THAT, THAT GIVES US A LOT OF POWER AND INFORMATION FOR POLICY MAKERS SUCH AS YOURSELF TO BE ABLE TO BETTER UTILIZE THE RESOURCES AND TO GET AHEAD OF THE CURVE, TO SAY THIS IS WHAT WE'RE SEEING IN THIS AGE GROUP, BUT LET'S GET AHEAD OF THAT CURVE SO WE CAN PLAN BETTER FOR THE FUTURE.

>> GARZA: OKAY.

I JUST KNOW, YOU KNOW, IN THE PAST, IN THE HEALTH AREA, MEN WERE STUDIED MORE THAN WOMEN, SO, YOU KNOW, THE SYMPTOMS FOR HEART ATTACK WERE ALSO CONSIDERED ONE THING WHEN, IN REALITY, WOMEN EXPERIENCED IT DIFFERENTLY.

SO WHATEVER THE POLICY DECISION WAS TO ALLOT MORE MALE, PLEASE GIVE US A HEADS-UP AS QUICKLY AS POSSIBLE, OR I HOPE YOU HAVE THE FLEXIBILITY TO BE ABLE TO ADDRESS AN INEQUITY, A POSSIBLE INEQUITY THERE.

>> YEAH.

YES.

>> GARZA: OKAY.

>> HARPER-MADISON: THANK YOU VERY MUCH.

AND ACTUALLY, YOU KNOW, THAT INSPIRED ONE MORE QUESTION.

>> OKAY.

>> HARPER-MADISON: AND I GUESS THIS MIGHT BE A QUANDARY THAT NOBODY CAN QUITE FIGURE OUT, AND THAT WOULD BE HOW TO MORE CLOSELY ALIGN THE PROPRIETORS OF ESTABLISHMENTS THAT SERVE ALCOHOL AND ORGANIZATIONS LIKE A SOBERING CENTER.

AT THE END OF THE DAY, YOU KNOW, THE GOAL IS TO MAKE MONEY; RIGHT? YOU KNOW, YOU MAKE MONEY SELLING DRINKS.

>> UH-HUH.

>> HARPER-MADISON: BUT HOW TO ENCOURAGE PROPRIETORS OF THESE ESTABLISHMENTS TO NOT OVERSERVE, TO NOT OVERPOUR.

I DON'T KNOW WHAT THAT WOULD LOOK LIKE OR IF THERE'S ANY SORT OF RELATIONSHIP OR DIALOGUE --

>> ACTUALLY, IN THE DWI ROUND TABLE THAT WE WERE JUST IN, TABC DID A PRESENTATION ON THEIR TRACE PROGRAM, AND THEIR WORK THAT THEY'RE DOING AT ESTABLISHMENTS, AT, YOU KNOW, VENDORS AND ALCOHOL-SELLING ESTABLISHMENTS.

AND SO WE TALKED ABOUT THE MESSAGING THAT WE GO OUT AND TALK TO THE BARS, THE HOTELS, AND WE TALK TO THEM AND WE GET PUSHBACK AROUND THAT SAYING, WELL, I'M GOING TO GET IN TROUBLE, I'M RESPONSIBLE, THIS, THAT AND THE OTHER.

SO WHAT WE TALKED TO TABC ABOUT IS LET'S PAIR UP OUR MESSAGING, SO IF SOMEONE IS INTOXICATED, DON'T LET THEM WALK OUT YOUR DOOR, CALL 911 AND ASK THEM TO GET SOMEONE THAT NEEDS TO GO TO THE SOBERING CENTER.

I THINK WHAT WE NEED TO DO MORE OF WITH OUR ALCOHOL-SELLING ESTABLISHMENTS, ONE BILLION DOLLARS WORTH OF ALCOHOL SALES IN AUSTIN, IS, WE HAVE TO TALK WITH THEM ABOUT YOU HAVE OTHER OPTIONS OTHER THAN IGNORING.

AND WHEN YOU IGNORE, YOU INCUR THIS RISK, NOT JUST FOR YOU, BUT FOR THEM, AND SO LINING UP THE MESSAGING AROUND THAT WITH THE FOLKS, TABC, THAT ARE DOING THOSE MESSAGES, AND THEN US GOING BEHIND THERE AND SAYING, HI, WE'RE THE SOBERING CENTER; THIS IS WHAT WE DO, AND HERE'S WHO YOU CALL.

>> HARPER-MADISON: I APPRECIATE THAT.

ARE THERE ANY FURTHER QUESTIONS FROM THE DAIS?

AND WITH THAT, WE'D LIKE TO SAY THANK YOU AGAIN FOR YOUR PRESENTATION AND FOR TAKING THE TIME TO ANSWER OUR QUESTIONS.

>> ABSOLUTELY. THANK YOU.

>> HARPER-MADISON: THANK YOU.

SO ITEM NUMBER 5 IS FUTURE ITEMS, AND SO ARE THERE ANY PROPOSED ITEMS TO DISCUSS AT FUTURE MEETINGS?

>> I CAN'T THINK OF ANYTHING RIGHT NOW.

>> SAME.

>> I CAN'T THINK OF ANYTHING RIGHT NOW.

>> HARPER-MADISON: WELL, WITH THAT, WE'D LIKE TO -- WE APPRECIATE EVERYBODY COMING OUT THIS AFTERNOON.

WE'RE GOING TO CALL THIS MEETING ADJOURNED AT 3:24.